



Responding to Intimate Partner Violence & Children Exposed to Violence



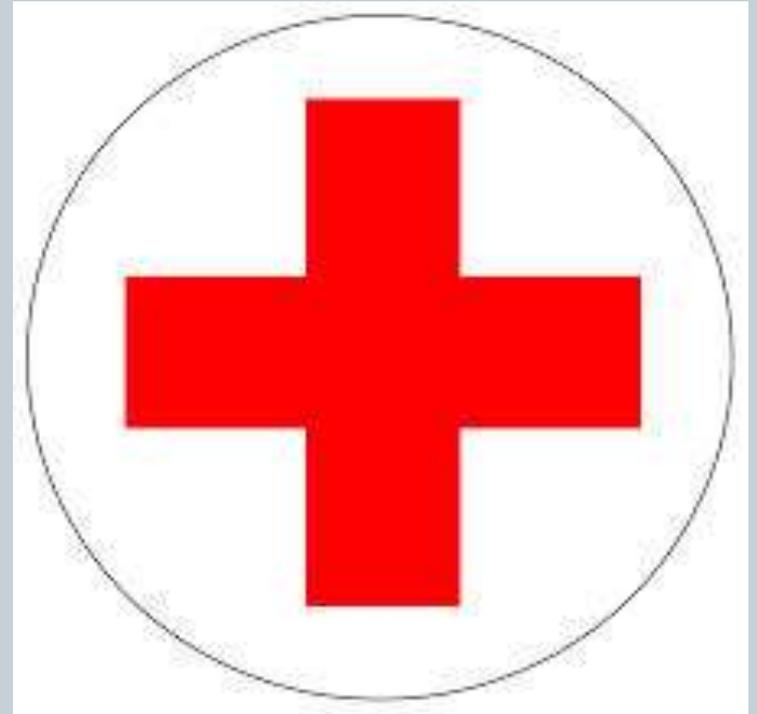
THE
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FOR
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AND
FAMILIES

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Universal Precaution: A Core Concept



Presume that every person in the human services setting has been exposed to abuse, violence, neglect, or other traumatic experiences.



Responding to IPV



Use the AVDR Model

- **A**sk
- **V**alidate
- **D**ocument
- **R**efer



ASK About Trauma

- Routinely ask and frame it that way.
- **Always** have this conversation when you are alone with the patient.
- Face-to-face talk is more effective than written questionnaires.
- Use specific and direct questions.
- Be prepared to hear the patient's answers.
- Caring, empathetic questions may open the door for later disclosure.



Responding to Disclosures

- Listen and believe.
- Maintain confidentiality.
- Do not blame the survivor, minimize feelings or sympathize with the abuser.
- Do not tell the survivor what to do or give advice.
- Advise of mandatory reporting (in advance if possible).



Mandatory Reporting KY & IN

- Child Abuse (KY & IN)
- Spousal Abuse (KY)
- Abuse of an Endangered Adult (KY & IN)
- Homicidal Threat (Duty to Warn)
- Suicidal Threat (Duty to Warn)



VALIDATE: Responding to Yes



- Acknowledge the courage it takes to disclose.
- Use language your patient is using.
- Examples of validating statements:
 - “It is not your fault.”
 - “No one deserves to be treated this way.”
 - “I’m sorry you have been hurt.”
 - “Do you want to talk about it?”
 - “I’m concerned for your safety.”
 - “Help is available.”
- Conduct a safety plan and/or lethality assessment.

Responding to Disclosures

DOCUMENT current presentation and history of violence.

Record location, size, duration, color, and shape of an injury if there is one.

If possible, photograph injuries.

Quote client directly.

- Assess immediate physical safety.
- **REFER** to appropriate resources and determine access.
- Ensure follow up.



Screening Patients for IPV



Individual
Study
(2 min)

Small
Group
Discussion
(5 min)

Large
Group
Shareout

Questions to Consider:

- 1.) What are some ways to get a potentially abusive parent/partner out of the room?

Lethality Assessment I

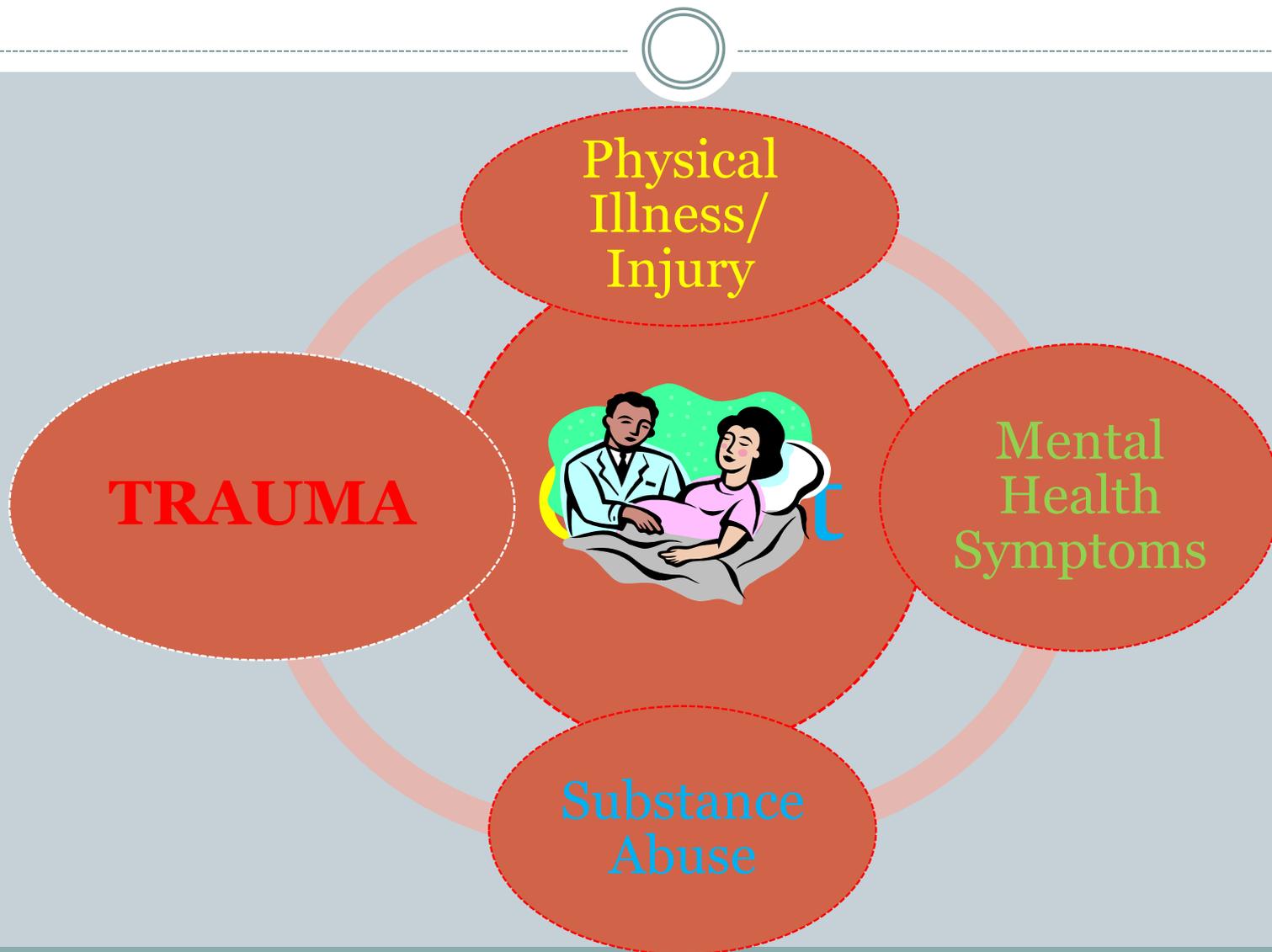
- ✓ *Has he/she used a weapon or threatened you with weapon?*
- ✓ *Has he/she threatened to kill you or your children?*
- ✓ *Do you think he/she might kill you?*

If client answers **“YES”** to **any** of these questions, inform him/her many have been killed in this situation—immediate referral to the crisis line.

Lethality Assessment II—4 “YES”?

- ✓ *Does he/she have a gun?*
- ✓ *Has he/she ever tried to choke you?*
- ✓ *Is he/she violently/constantly jealous?*
- ✓ *Have you ever left him/her?*
- ✓ *Is he/she unemployed?*
- ✓ *Has he/she ever tried to kill self?*
- ✓ *Do you have a child that he/she knows is not his/hers?*
- ✓ *Does he/she follow/spy on you/leave threatening messages?*
- ✓ *Has he/she ever forced you to have sex?*

A Holistic Approach



Mental Health and IPV



- In a large sample of randomly selected women, 48% of those who had been battered (n=207) reported they had “wanted help with mental health in the past 12 months” (Weinbaum et al., 2001).
- Out of 92 women seen in a psychiatric emergency room, about 42% had been abused by a partner in adulthood, and 37% had experienced an attempted or completed rape (Briere et al., 1997).

Common Mental Health Problems for IPV Victims and Survivors

- Crisis Induced Stress
- Mood Disorders
(Major Depressive Disorder, Bipolar disorder, etc;)
- Anxiety Disorders
(PTSD, OCD, Social Phobia, Panic Disorder, etc;)
- Personality Disorders
(Borderline, paranoid, etc;)

ADHD

SYMPTOMS

Trauma

- Inattention
- Poor impulse control
- Restless/fidgety
- Problems with boundaries/interrupts/intrudes on others
- Difficulty focusing
- Difficulty understanding and complying with rules
- Social isolation
- Learning difficulties

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Bipolar

SYMPTOMS

Trauma

- Difficulty with self-regulation
- Depressed mood
- Social isolation
- Somatization
- Sleep disturbance
- Oppositional behavior
- Self-destructive
- Irritability/angry outbursts
- Thoughts of death/suicide
- Disassociation

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Substance Abuse and IPV



- Studies show that women who abuse alcohol and other drugs are more likely to be victims of domestic violence (Miller, et al., 1994).
- Victims of domestic violence are more likely to receive prescriptions for and become dependent on tranquilizers, sedatives, stimulants, and painkillers; they are also more likely to abuse alcohol (Stark and Flitcraft, 1988a).

Substance Abuse and IPV



- Women in recovery are likely to have a history of violent trauma and are at a high risk of being diagnosed with PTSD (Fullilove et al., 1993).
- Women in addiction treatment programs are three times more likely to be victims of partner violence than the general population (El-Bassel, 2003).

A HOLISTIC APPROACH



What?

- Identify issues and challenges in context to the whole person.

Why?

- Acknowledge that issues co-occur.
- Decrease recidivism.
- Improve outcomes.

How?

- Screen for all issues.
- Acknowledge challenges and empower client to decide priority of issues.
- Connect clients to services.



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Who We Are



- **Emergency Shelter, Assigned Advocate**

- **Transitional Housing**

- **24-Hour Crisis Line--info, referrals, counseling**

- **Residential & Non-Residential Services**

- Counseling, support groups, therapy, art therapy

- Children's Advocacy - Safety Planning - Verizon Hope

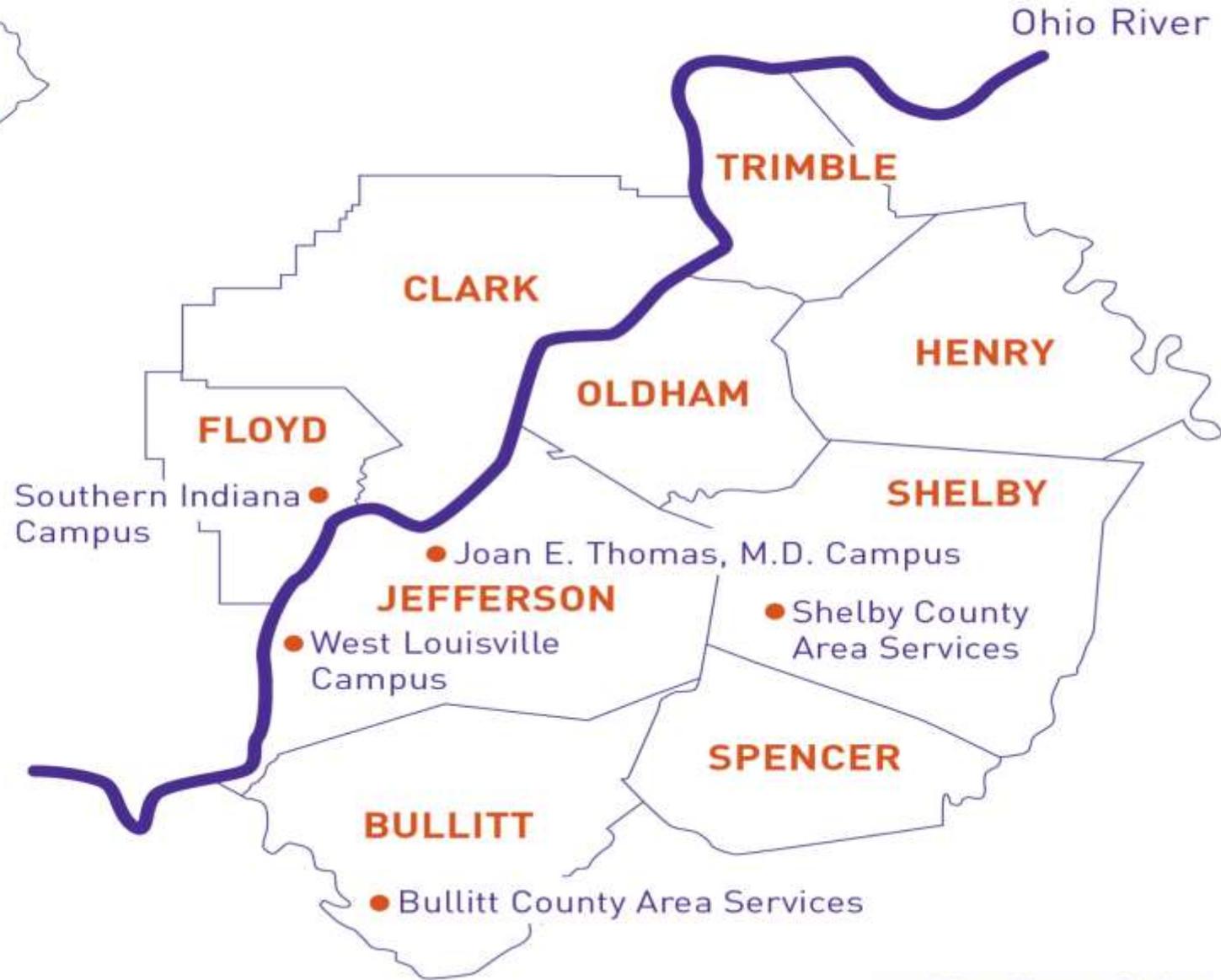
- Economic Success - SANE Clinic - Goodwill

- Legal Advocacy - Ride to Safety (TARC)

- Hospital Advocacy - Safe Haven (Humane Society)

- **Awareness & Prevention**

- **9 county service area**



“Only a child who feels
safe, dares to grow
forward healthily.”

-A. Maslow

Domestic Violence and Children Statistics



- In homes where partner abuse occurs, children are 1500 times more likely to be abused.
- Children exposed to violence = Child abuse



Potential Impacts at Different Ages: Preschoolers

Key Aspects of Development

Potential Impact of Domestic Violence

➤ Learn how to express aggression and anger, as well as other emotions, in appropriate ways.



➤ Learn unhealthy ways of expressing anger and aggression; possibly confused by conflicting messages (i.e. what I see vs. what I'm told).

➤ Think in egocentric ways.



➤ Attribute violence to something they have done.

➤ Form ideas about gender roles based on social messages.



➤ Learn gender roles associated with violence and victimization.

➤ Increased physical independence (i.e. dressing self).



➤ Instability inhibits independence; may see regressive behaviors.

Potential Impacts at Different Ages: 6-11 years

Key Aspects of Development

➤ Increased emotional awareness of self and others.



➤ Increased complexity in thinking about right and wrong; emphasis on fairness and intent.



➤ Academic and social success at school has primary impact on self-concept.



➤ Increased same sex identification.



Potential Impact of Domestic Violence

➤ More awareness of own reactions to violence at home and of impact on others (i.e. concerns about mother's safety, father being charged).

➤ More susceptible to adopting rationalizations heard to justify violence (i.e. alcohol causes violence; victim deserved abuse).

➤ Ability to learn decreased due to impact of violence (i.e. distracted); miss positive statements or selectively attend to negatives or evoke negative feedback.

➤ Learn gender roles associated with intimate partner abuse (i.e. males as perpetrators, females as victims).

Potential Impacts at Different Ages: Adolescents

Key Aspects of Development

➤ Increased sense of self and autonomy from family.



➤ Physical changes brought on by puberty.



➤ Increased peer group influence and desire for acceptance.



➤ Dating raises issues of sexuality, intimacy, relationship skills.



➤ Increased influence by media.



Potential Impact of Domestic Violence

➤ Respectful communication and negotiation skills may be poorly developed due to violence; transition to adolescence may be more difficult for family.

➤ May try to physically stop violence; may use increased size to impose will with physical intimidation or aggression.

➤ Possibly more embarrassed by violence at home; may try to escape violence by increasing time away from home; may use maladaptive coping to avoid violence (i.e. drugs).

➤ May have difficulty establishing healthy relationships; at greater risk to become involved in dating violence (i.e. boys as abuser).

➤ Possibly more influenced by negative media messages about violent behavior, gender roles.

Child Mortality



When children are killed during a domestic dispute, 90% are under age 10; 56% are under age 2.



Custody & Abductions



- Men who batter the mother of their children are 2 times more likely to seek sole physical custody of their children than are non-violent fathers.
- More than 50% of child abductions are the result of domestic violence.

Juvenile Delinquency



- 63% of juveniles serving time in jail for murder are there for killing an abusive father, stepfather, or mother's live-in boyfriend in an attempt to protect their mother.



Children Living with Domestic Violence

- May not exhibit outward cues of the violence they witnessed.
- May never discuss the violence nor act-out behaviors that would alert others to the violence.
- This may also be true if a child is not only a witness to violence but also a victim of the violence.



Possible “Red Flag” Behaviors

- Aggressive
- Passive/Withdrawn
- Psychological cues
- Perfectionist
- Manipulative
- Rebellious/Acts out
- Health Problems
- Depressed



Long-term Effects of Domestic Violence

1/3 of the children who witness the battering of their mothers demonstrate significant behavioral and/or emotional problems including:

- Psychosomatic disorders
- Stuttering
- Anxiety and Fears
- Sleep Disruption
- Excessive Crying
- School Problems
- Runaway Behavior
- Drug Abuse



Exposure Alone is Violence



87% of the domestic violence assaults in this country are witnessed by children. Of these children:

These children are at a high risk for:

- Alcohol use
- Drug use
- Sexual acting out
- Isolation
- Loneliness
- Low self-esteem
- Impulse control problems
- Mood related problems
- Suicide

Academic Problems



- Violent homes are loud and tension-filled
- Food, shelter and safety take precedence over school
- Children are moved from school to school due to the victim leaving abuser or abuser moving the family to keep abuse a secret
- Many of the children are labeled as hyperactive, emotionally handicapped and expelled from school

How to Talk to a Child Effected by Domestic Violence



- Reassure the child that the abuse is not her/his fault
- Validate the child's feelings
 - Repeat back what the child says
 - Accept what the child says
 - Express concern calmly and without shock or dismay
- Use much positive praise
- Model assertive non-violent problem solving skills

How to Talk to a Child Effected by Domestic Violence



- Don't make promises you can't keep
- Normalize the child's feelings concerning divided loyalties
- Never refer to the abuser as "bad"
- Listen for clues to underlying feelings
 - Never say, "you must be feeling..."
- Help the child develop a safety plan

Video: Healing Neen



Duration—1:10-9:25

Prevalence of Trauma: The ACE study (Adverse Childhood Experiences)



- ❖ The largest study (1995-1997) ever done to examine the health and social effects of these childhood experiences
 - throughout the lifespan
 - 17,421 participants

THE TRUTH ABOUT ACEs

WHAT ARE THEY?

ACEs are
ADVERSE
CHILDHOOD
EXPERIENCES

The three types of ACEs include

ABUSE



Physical



Emotional



Sexual

NEGLECT



Physical



Emotional

HOUSEHOLD DYSFUNCTION



Mental Illness



Incarcerated Relative



Mother treated violently



Substance Abuse



Divorce

HOW PREVALENT ARE ACEs?

The ACE study* revealed the following estimates:

ABUSE

Physical Abuse 28.3%

Sexual Abuse 20.7%

Emotional Abuse 10.6%

percentage of study participants that experienced a specific ACE

NEGLECT

Emotional Neglect 14.8%

Physical Neglect 9.9%

HOUSEHOLD DYSFUNCTION

Household Substance Abuse 26.9%

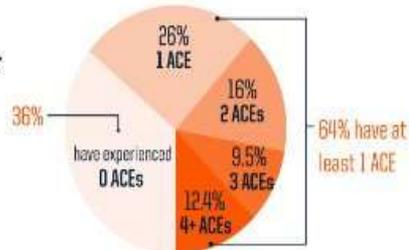
Parental Divorce 23.3%

Household Mental Illness 19.4%

Mother Treated Violently 12.7%

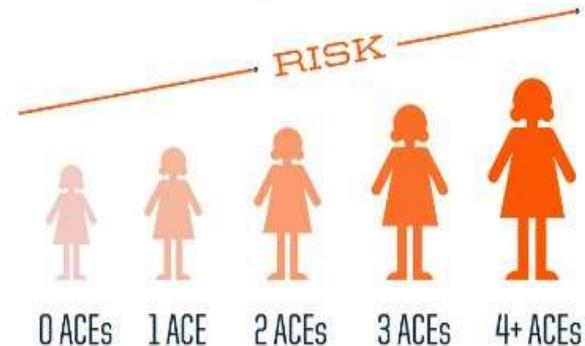
Incarcerated Household Member 4.7%

Of 17,000 ACE study participants:



WHAT IMPACT DO ACEs HAVE?

As the number of ACEs increases, so does the risk for negative health outcomes



Possible Risk Outcomes:

BEHAVIOR



Lack of physical activity



Smoking



Alcoholism



Drug use



Missed work

PHYSICAL & MENTAL HEALTH



Severe obesity



Diabetes



Depression



Suicide attempts



STDs



Heart disease



Cancer



Stroke



COPD



Broken bones

Prevalence of Trauma: The ACE study

(Adverse Childhood Experiences)



- ❖ Adverse Childhood Experiences are common
 - 2/3 of participants experienced one or more ACE
 - More than 20% report 3 or more ACE's
 - If any one ACE is present, there is an 87% chance *at least* one other category is present
- ❖ Women are 50% more likely than men to have a score >5
- ❖ Findings showed that *childhood experiences profoundly and causally shape adult life*

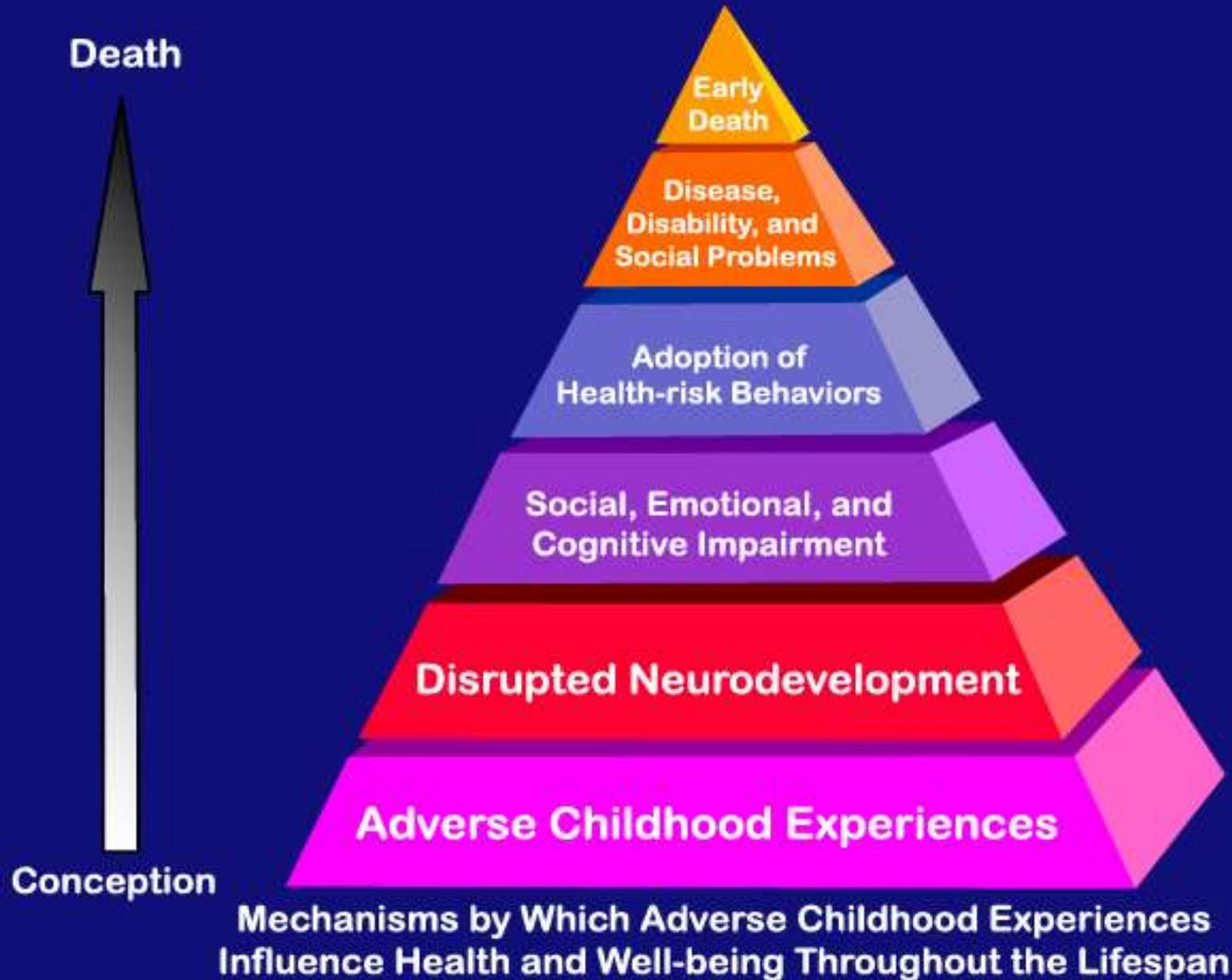
Children Who Witness Violence



Children raised in violent homes are:

- 6 times more likely to commit suicide
- 26 times more likely to commit sexual assault
- 57 times as likely to abuse drugs
- 74 times as likely to commit other crimes against persons

Adverse Childhood Experiences (ACE) Study

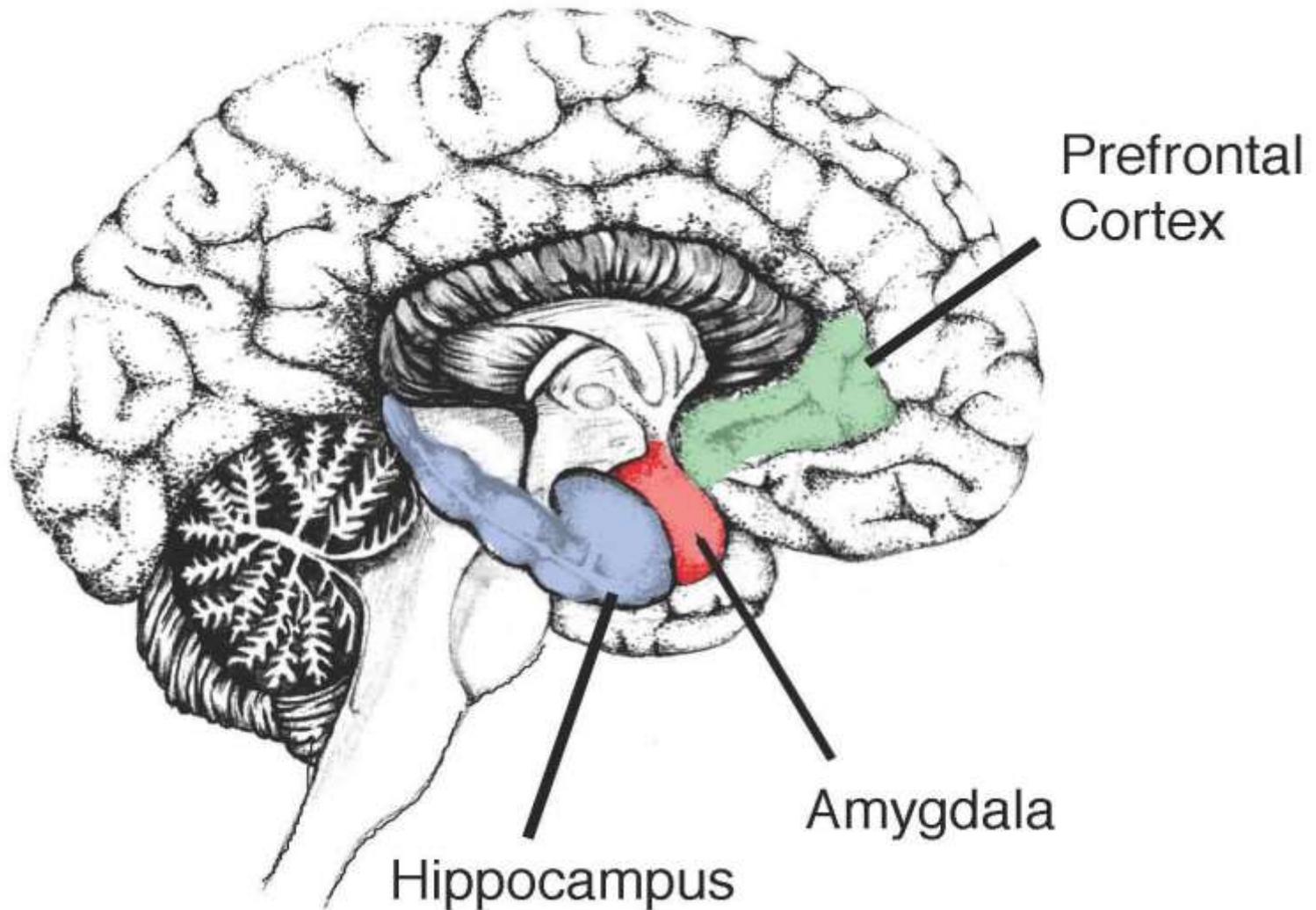


Neurobiology of Trauma

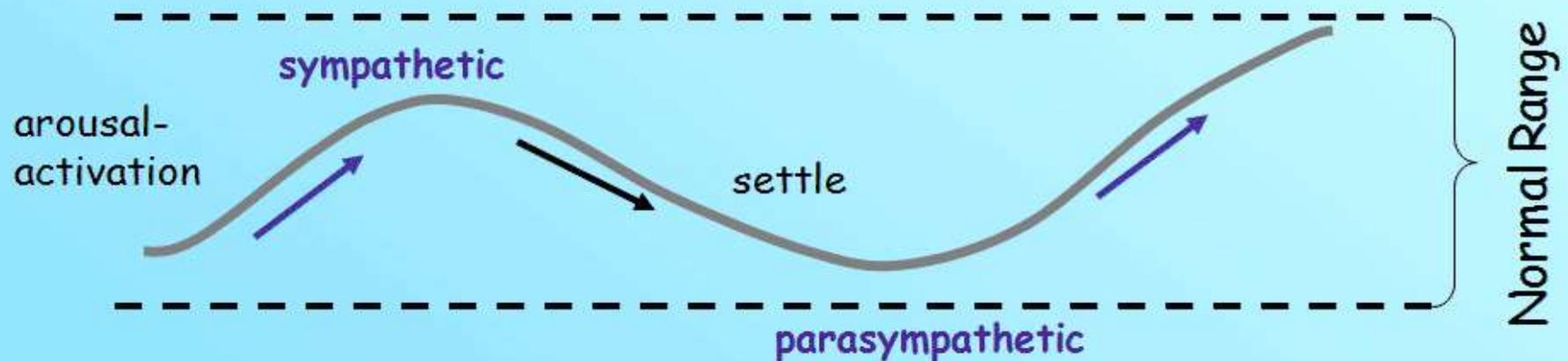


FIGHT OR FLIGHT... AND FREEZE

Fear Center of the Brain

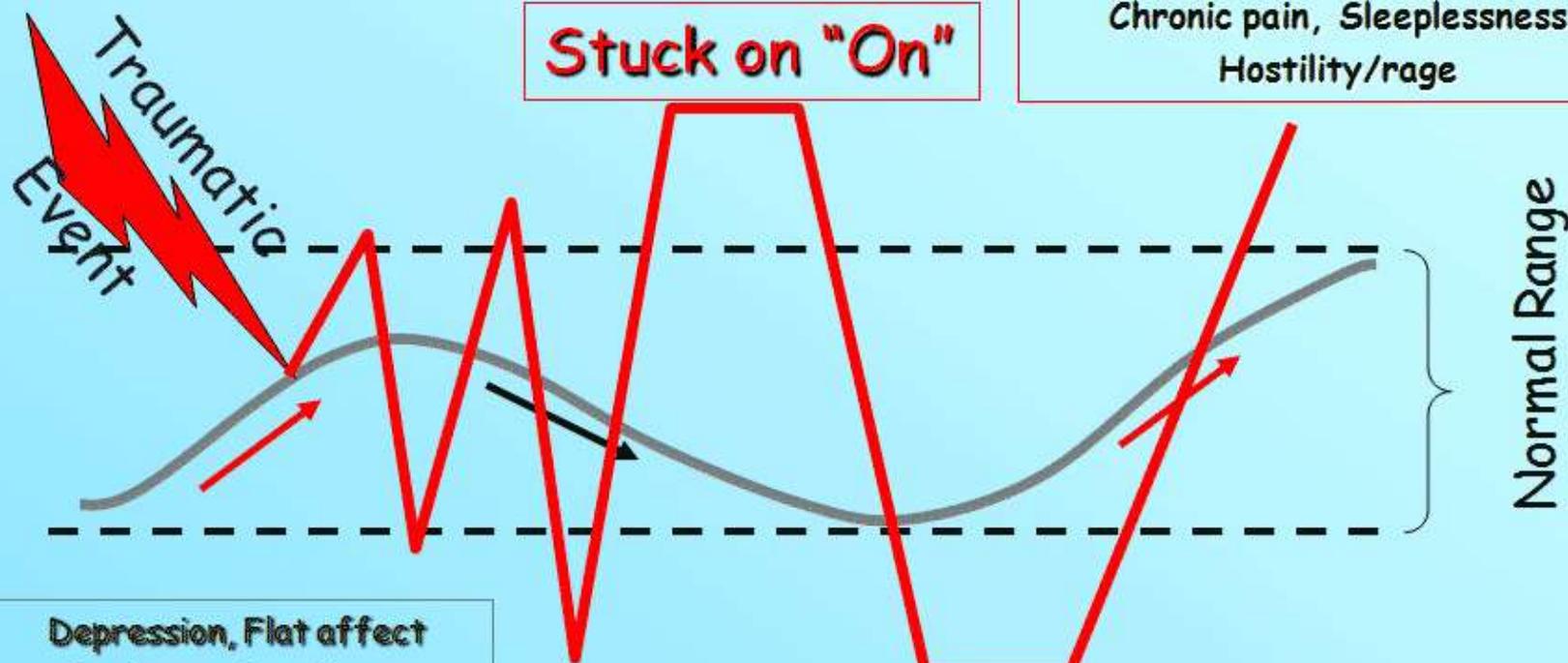


A Healthy Nervous System



Symptoms of Un-Discharged Traumatic Stress

Anxiety, Panic, Hyperactivity
Exaggerated Startle
Inability to relax, Restlessness
Hyper-vigilance, Digestive problems
Emotional flooding
Chronic pain, Sleeplessness
Hostility/rage

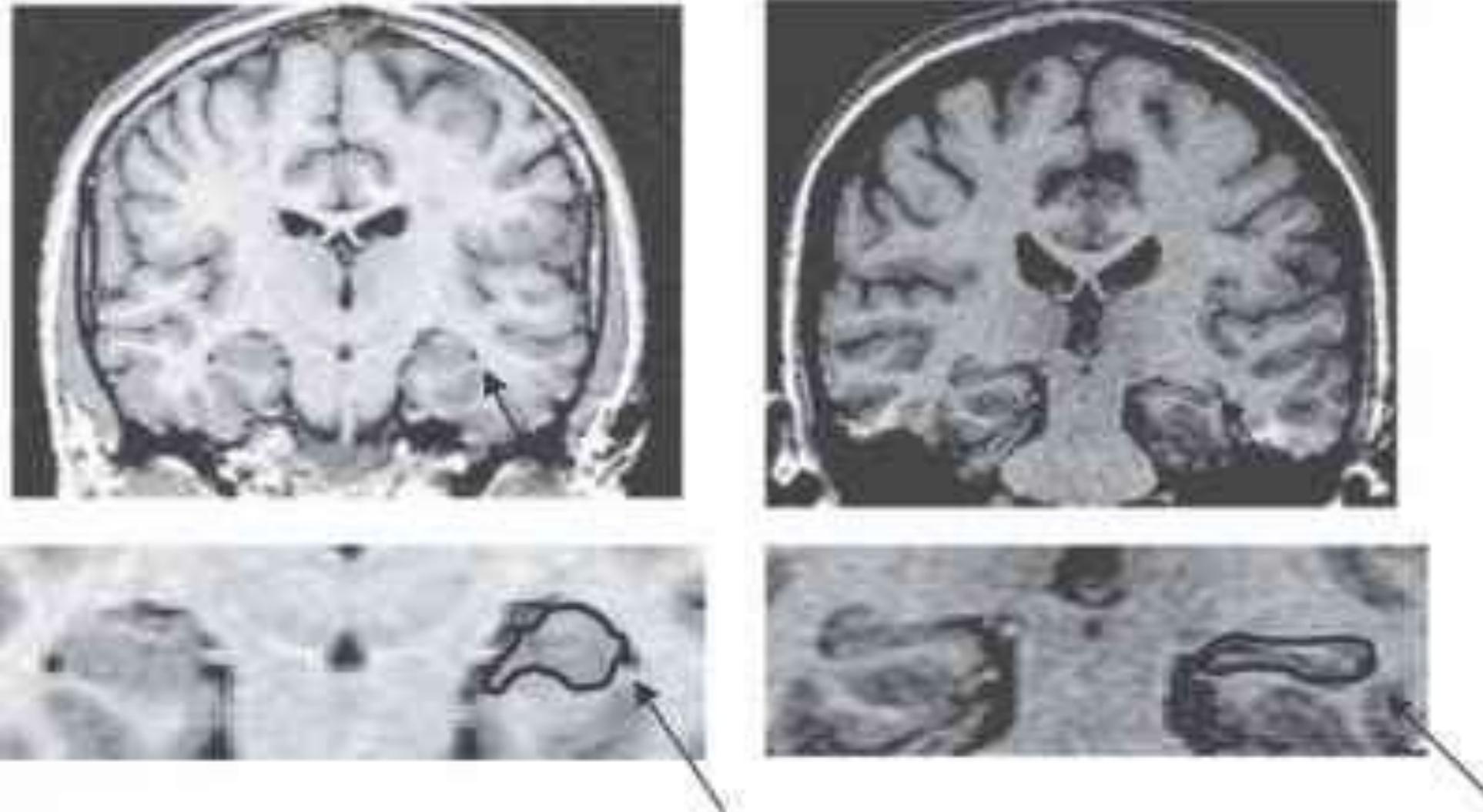


Depression, Flat affect
Lethargy, Deadness
Exhaustion, Chronic Fatigue
Disorientation
Disconnection, Dissociation
Complex syndromes, Pain
Low Blood Pressure
Poor digestion

Stuck on "Off"

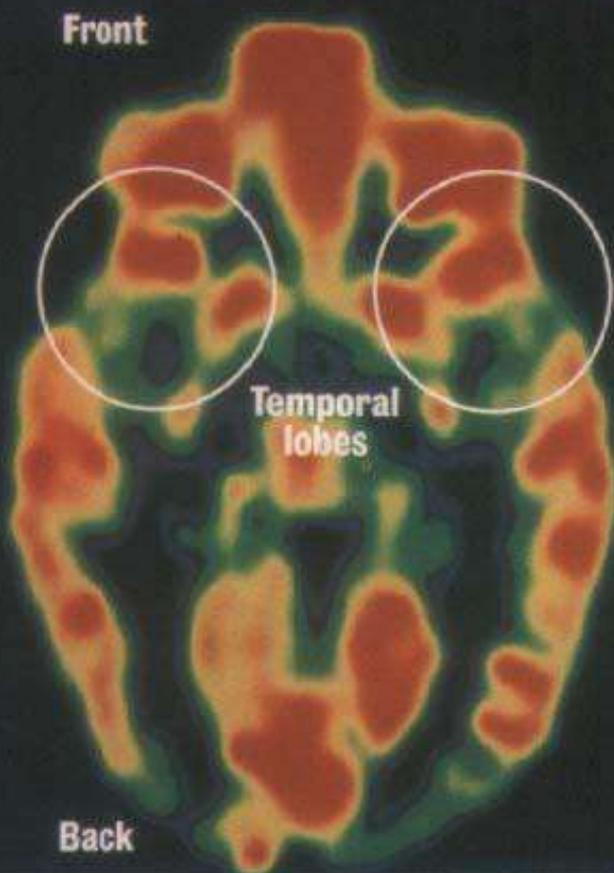
FIGURE 1.3. Hippocampal volume reduction in PTSD on magnetic resonance imaging (MRI). There is smaller hippocampal volume in this patient with PTSD (right) compared to a control (left).

Source: Bremner, J. D. *Brain Imaging Handbook*. Fig. 6.3, p. 101.



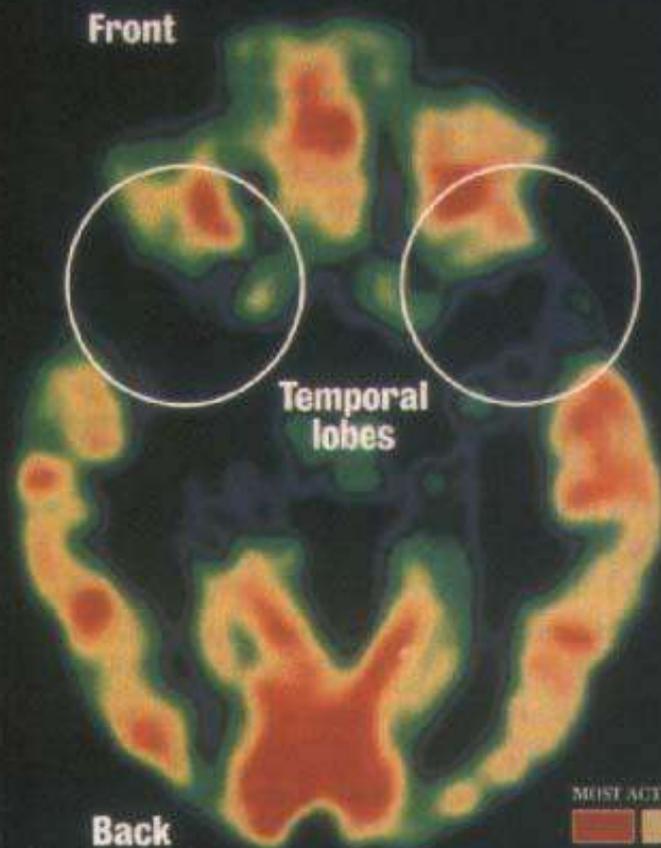
Healthy Brain

This PET scan of the brain of a normal child shows regions of high (red) and low (blue and black) activity. At birth, only primitive structures such as the brain stem (center) are fully functional; in regions like the temporal lobes (top), early childhood experiences wire the circuits.



An Abused Brain

This PET scan of the brain of a Romanian orphan, who was institutionalized shortly after birth, shows the effect of extreme deprivation in infancy. The temporal lobes (top), which regulate emotions and receive input from the senses, are nearly quiescent. Such children suffer emotional and cognitive problems.



Take Home Lessons for Clinicians



1. These neurobiological changes can lead to very flat affect, bluntness, or the appearance of strange emotions or huge emotional swings.
2. These neurobiological changes can make memory consolidation and recall difficult.
3. “Fight-or-Flight” is really fight, flight, or freeze: (Tonic Immobility)
4. Traumatized people need to learn to move in response to things that previously made them feel paralyzed. To take action. New habits can change the brain structures (neuroplasticity).

Working with Trauma Patients

(What would you need after a trauma?)



- Good boundaries, Invitatory Language
 - leave when they want, to not be touched, advanced warning of touch (during physical exam)
- Healing space (door, lighting, sound, décor, clutter)
- Accepting, non-judgmental, hold in high regard
- Feelings paid attention to (trauma happens in a place of deep fear and panic, not on a thinking/rational level)
- Practicing presence / mindfulness
 - Accompany survivor through the grief and horror
 - Detach from our own feelings so their feelings can be primary
- Mitigating vicarious trauma (Secondary Traumatic Stress, Compassion Fatigue)

Trauma Informed Care



- Philosophical approach for agencies and systems of care
- A fundamental shift of starting assumptions: from “What’s wrong with you?” to “What happened to you?”
- 5 core values, practiced with clients and staff
 - Safety
 - Trustworthiness
 - Choice
 - Collaboration
 - Empowerment
- ✦ SAMHSA: National Center for Trauma-Informed Care
- ✦ The National Counsel for Behavioral Health
- ✦ National Child Traumatic Stress Network:
 - List of Empirically Supported Treatments and Promising Practices



Questions?

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